## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09839589

| CLAIMS AS FILED - PART   |                     |  |                     |                 |                              |                     |      | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                       |                        |
|--|---------------------|--|---------------------|-----------------|------------------------------|---------------------|------|---------------------|------------------------|----------------------------|-----------------------|------------------------|
| TOTAL CLAIMS   |                     |  | (Column 1)          |                 | (Column 2)                   |                     |      | TYPE                |                        | OR                         |                       |                        |
| TOTAL CLAIMS   |                     |  | 20                  |                 |                              |                     |      | RATE                | FEE                    |                            | RATE                  | FEE                    |
| FOR  |                     |  | NUMBER FILED        |                 | NUMBER EXTRA                 |                     |      | BASIC FEE           | 355.00                 | OR                         | BASIC FEE             | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |                     |  | 90 minus 20=        |                 | . 0                          |                     |      | X\$ 9=              |                        | OR                         | X\$18=                |                        |
| IND  | EPENDENT CL         | 3 minus 3 =                                |                     | 0               |                              |                     | X40= |                     | OR                     | X80=                       |                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                     |  |                     |                 |                              |                     |      | +135=               |                        | OR                         | +270=                 |                        |
| * If   | the difference      | in column 1 is                             | less than ze        | ro, ente        | r "0" in c                   | olumn 2             | ļ    | TOTAL               |                        | OR                         | TOTAL                 |                        |
|  | C                   | LAIMS AS A                                 | MENDED - PART II    |                 |                              | •                   |      | , <b>(</b>          |                        |                            | OTHER                 | THAN                   |
| (Column 1) (Column 2) (Column 3)   |                     |  |                     |                 |                              |                     | լ .  | SMALL E             | ENTITY                 | OR                         | SMALL                 |                        |
| AMENDMENT A  |                     | CLAIMS:<br>REMAINING<br>AFTER<br>AMENDMENT | ·                   | NUM<br>PREVI    | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA    | -    | RATE                | ADDI-<br>TIONAL<br>FEE | `~                         | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               | <b>*</b> :                                 | Minus               | **              |                              | =                   |      | X\$ 9=              | ,                      | OR                         | X\$18=                |                        |
|  | Independent         | •  | Minus               | ***             |                              | =                   |      | X40=                |                        | OR                         | X80=                  |                        |
| L  | BEZI PANILABLE COPY |  |                     |                 |                              |                     |      | +135≐               |                        | OR                         | +270=                 |                        |
|  |                     |  | TOTAL<br>ADDIT. FEE | ***             | OR                           | TOTAL<br>ADDIT. FEE |      |                     |                        |                            |                       |                        |
| (Column 1) (Column 2) (Column 3)   |                     |  |                     |                 |                              |                     |      |                     |                        |                            |                       |                        |
| AMENDMENT B  |                     | CLAIMS<br>REMAINING AFTER<br>AMENDMENT     |                     | NUN<br>PREVI    | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA    |      | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               | •  | Minus               | ** 30           | <u> </u>                     | =                   | 11   | X\$ 9=              | ÷                      | OR                         | X\$18=                |                        |
|  | Independent         | *  | Minus               | ***             | -                            | =                   | ]    | X40=                |                        | OR                         | X80=                  |                        |
| L  | FIRST PRESE         | NTATION OF M                               | ULTIPLE DEP         | ENDEN           | T CLAIM                      |                     | J    | +135=               | -•                     | OR                         | +270=                 |                        |
|  |                     |  |                     |                 |                              |                     |      | TOTAL<br>ADDIT. FEE |                        | OŘ                         | TOTAL<br>ADDIT. FEE   |                        |
| •  |                     | (Column 1)                                 |                     | (Colu           | mn 2)                        | (Column 3)          |      |                     | •                      | - ·                        |                       | i,                     |
| AMENDMENT C  |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                     | NUM<br>PREVI    | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA    |      | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               |  | Minus               | . <b>**</b> . 😭 | -                            | =                   |      | X\$ 9=              |                        | OR                         | X\$18=                | ï                      |
|  | Independent         | •  | Minus               | ***             |                              | =                   | 41   | X40=                | -                      | OR                         | X80=                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                     |  |                     |                 |                              |                     |      | 107                 |                        |                            | 070                   |                        |
|  |                     |  |                     |                 |                              |                     |      | +135=               |                        | OR                         | +270=                 |                        |
| ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, nter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                     |  |                     |                 |                              |                     |      |                     | : •                    | OR                         | : TOTAL<br>ADDIT. FEE | <u> </u>               |
|  | Th Highest Nun      | nber Previously Pa                         |                     |                 |                              |                     |      | und in the app      | propriate bo           | x in co                    | olumn 1.              |                        |